

When is a fever not a fever and other diagnostic riddles in the DD/ID population?

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**Yale Study (2000) on
“Health Status of Individuals with Mental Retardation”
Findings: Barriers to Care**

- Uncoordinated systems of health care
- Individual may be unable to understand how behavior affects health
- Health care provider's (HCP) lack of training in caring for people with mental retardation
- Direct support professionals (DSP) lack training to recognize health issues

Yale Findings: Barriers to Care (cont.)

- Poorly documented health history
- No standardized health care guidelines for individuals with MR
- Few programs to educate individuals with MR on disease prevention
- Ineffective communication with health care provider

Surgeon General's Conference (2001): Health Care Disparities for Individuals with MR Work Group Issues

- Attitudes of health care professionals
- Quality of health services
- Accessing health services
- Paying for health services
- Age-appropriate health services
- Health services throughout the lifespan
- Promoting health: providers
- Promoting health: individuals and caretakers

DMR Organizational Structure

- Commissioner – authority delegated through Assistant Commissioner for Operations to Regional Directors
- Four Regional Directors – authority delegated to Area Directors
 - Central/West Region – 8 Areas
 - Northeast Region – 5 Areas
 - Southeast Region – 7 Areas
 - Metro Region – 4 Areas

** Always an administrator on call at Area office*
- At least one DMR RN available in each Area office

Selected Service Delivery Principles

- Provision of services and supports that are intensive, relevant and competence building/sustaining
- Services and supports promote individual dignity and self determination
- Services and supports in least restrictive most typical settings possible
- Services and supports in integrated settings in the community
- Use of generic services whenever possible

Why would someone with a behavioral change be brought to the ER rather than a psychiatric facility?

Because a change in behavior is often the first sign that a person has a serious medical condition.

Significance of Behavior Issues

- Problem is common in DD population
- Often difficult to understand cause of behaviors
- Necessary to learn correct approach for persons demonstrating inappropriate behavior

Significance of Behavior Issues (cont.)

- Quality of life concerns
- Family or relationship issue
- Maintaining safe living and working environment for individual and staff or family

Possible Reasons for Behaviors

- Medical disorders
- Medication side effects
- Psychiatric conditions
- Substance abuse
- Social or environmental issues
- Communication difficulties
- Physical or emotional abuse

Examining Behavioral Symptoms

- R/O medical cause
- R/O environmental or functional cause
- R/O psychiatric cause

Interviewing the Individual

- Be positive and respectful
- Discuss issues openly
- Validate the person's feelings
- Address the person directly
- Avoid criticism and accusations
- Reduce anxiety/ environmental stimulus
- Do not rush

Individual's Medical History

- Current and past medical problems
- Current and past medications
- Natal history
- Vital signs
- How they communicate health problems
- Past injuries
- Surgical interventions

Defining and Analyzing the Problem Behavior

- How long has behavior been an issue?
- Where does the behavior happen?
- When does the behavior occur?
- Are there any triggers to behavior?

Defining and Analyzing the Behavior (cont.)

- How much time does the individual spend demonstrating behavior?
- Is the behavior cyclic?
- Does the person engage in behavior when alone or only when with others?
- How does person behave after incident?

Defining and Analyzing the Behavior (cont.)

- What interventions have worked or not worked in the past?
- Is there physical danger to the person or others?
- Does it prevent meaningful activity
- Does it effect quality of life? How?

Defining and Analyzing the Behavior (cont.)

- How frequent, long, and intense is the behavior?
- Are there any concurrent physical complaints at the time of the incidents?
- Are the physical complaints new or recurring?

Assessing for a Medical Condition: SIB

Hand biting, chewing of fingers

Dental pain, nausea, indigestion, reflux, local infection

Hitting or banging head

Headache, migraine, shunt problems, sinusitis, dental pain, ear or eye infection

Medical Conditions: Scratching or Rubbing

General

Eczema, other skin conditions, scabies, lice, insect bites, sunburn, liver or kidney disorder

Stomach or Abdomen

Ulcer, gastritis, gall bladder or pancreas problems, menstrual discomfort, cramps or constipation

Medical Conditions: Scratching and Rubbing (cont.)

Chest

Pneumonia, indigestion, reflux, angina

Rectum

Constipation, hemorrhoids

Medical Conditions: Aggressive or Violent Behavior

- Hypothyroidism
- Hyperthyroidism
- Temporal lobe seizures
- Caffeine
- Substance abuse
- Headache
- Infection

Medical Conditions: Unusual Postures or Movements

Rocking

Back or hip pain, indigestion, reflux, abdominal cramps

Head Tilting or Waving

Visual problems, sinus or ear infection

Medical Conditions: Movements or Postures (cont.)

Sitting, Sudden Sitting

Vertigo, cardiac problems, seizures, aspiration, reflux

Other Unusual Posture

Limb fractures, hip pain, rectal pain, genital pain or itch, nerve damage, constipation

Medical Conditions: Recurrent Masturbation

- Urinary tract infection
- Vaginal infection
- Prostate inflammation
- Prostate hypertrophy

Functional Behavioral Analysis

“Accurate identification of the situational and environmental factors that influence behavior is essential to the success of a positive behavioral approach.”

Positive Behavioral Supports

- Teach new skills
- Change the environment to better suit the individual
- Ignore non-dangerous behavior
- Substitute constructive activity
- Remove the individual from the situation

Functional Assessment

- Is the behavior used to avoid or escape?
- Is the behavior used to get attention?
- Is the behavior used to obtain assistance?
- Does the behavior communicate other needs or wants?

Functional Behavioral Analysis: Indirect Assessment

Structured interviews to obtain information about the behavior

- Settings in which behavior does and does not occur
- Others present when behavior occurs
- Activities or interactions prior to and immediately after behavior
- The individual's perceptions and feelings about their actions

Functional Analysis: Direct Observation

Observing and recording situational factors

- In natural settings and conditions
- Must not interfere with normal routines and activities over extended periods of time
- Multiple observations of the behavior whenever possible

Functional Analysis: Data Analysis

Comparison and analysis of the collected information

- Identify any patterns associated with the behavior
- Determine the relationship between the behavior and environmental events
- Identify more acceptable alternatives to the behavior

Functional Analysis: Hypothesis Statement

A plausible explanation for the behavior based on the data

- Predicts the conditions under which the behavior is most

likely or least likely to occur

- Predicts the likely consequences that motivate the person and maintain the behavior

Functional Analysis: Hypothesis Testing

Confirms or disproves the hypothesis

- Systematic changes implemented to control conditions and consequences
- Confirms hypothesis or identifies need to formulate a new one

Functional Analysis: Behavior Intervention Plan

Replace the behavior with positive or neutral alternatives that serve the same function

- Increase existing desirable behaviors
- Encourage development of additional desirable behaviors

Functional Analysis: Behavior Plan (cont.)

- Make the environmental or situational changes that reduce or eliminate the possibility of engaging in undesired behavior
- Provide the supports necessary for the person to use alternative behaviors
- Good appetite and fluid intake

Assessing for a Psychiatric Condition

Indicators of a Psychiatric Condition

- The behavior is consistent in all settings and situations.
- A consistent behavioral intervention has had little or no effect on the behavior.
- The individual does not appear to be able to start or stop the behavior at will.

Behavioral Symptoms of a Psychiatric Condition

Changes in sleep pattern

Excessive sleep, constant fatigue, little or no sleep, interrupted sleep

Changes in appetite

Lack of appetite, intensely fearful of food, inspects or refuses food

Psychiatric Conditions: Excessive Moods (cont.)

Happy

Excessively elated over period of time, grandiose thoughts and ideas

Sad

Depressed mood over period of time that is not related to loss or grief, loss of interest in pleasurable activities, talks about death or hurting self, change in sleep pattern, change in appetite

Psychiatric Conditions: Excessive Moods

Worry

Constant and excessive talk about particular daily events, repetitive behavior rituals to ensure or prevent an event

Anger

Threatening or hostile to others, agitated or irritable, appears angry at strangers, anger that is excessive for the situation

Psychiatric Conditions: Hallucinations

Auditory Hallucinations

Stares to side or corners and appears to be involved in conversation, covers ears

Visual Hallucinations

Appears to be shadow boxing, covers eyes, brushes unseen material off body

Psychiatric Conditions: Appearance

Clothing

Wears multiple layers of clothing, unusual wrappings around head, uses wrappings to enclose openings such as collars, sleeves, ankles, etc.

Psychiatric Conditions: Appearance (cont.)

Cleanliness

Refuses to bathe or shower, bathes or showers excessively

Bruises/ Cuts

Accidental or purposeful self-harm

The Fatal Four

- Aspiration
- Constipation
- Dehydration
- Seizures

Key Questions for an ER Assessment

- What is their temp?
 - *What is their normal temp?*
- What is the blood level of their seizure or psych med?
 - *What is the normal level for those meds?*
- What have recent bowel movements been like? Is there an increase in abdominal girth?
 - *What are their bowel movements usually like?*

Key Questions (cont)

- Have they ever exhibited this behavior before?
 - *If so, what was the dx or tx? Did it work?*
- Do they have dysphagia or difficulty swallowing?
 - *Have they aspirated recently?*
- If they have Down Syndrome are they 45 or older?
 - *Have they been screened for Alzheimers Disease?*
- What do they normally weigh?
 - *Have you noticed a recent weight loss?*

Key Questions (cont)

- ☐ What is their normal urination pattern?
 - *Any changes (incontinence, crying during urination, avoidance, foul odor or dark color)?*
- ☐ Any recent medication changes including dosage?
 - *Did the behaviors exist before the med change?*
- ☐ How does this person normally demonstrate pain?
- ☐ What is this person's normal activity level?
 - *Has it changed? How?*

Other Things...

- Trust the instincts of staff, especially if they know the individual well
- Ask staff to complete a Health Review Checklist for more status info
- Remind HCP that skilled nursing care is not usually available in community residential programs